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## *U.S. NAVY WOMEN'S SATISFACTION WITH OBSTETRIC AND GYNECOLOGIC MEDICAL CARE*

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NAVAL MEDICAL RESEARCH AND DEVELOPMENT COMMAND  
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**U.S. Navy Women's Satisfaction With Obstetric  
and Gynecologic Medical Care**

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## **SUMMARY**

**Problem.** The U.S. Navy continues to expand career opportunities for women, and, as a result, the number of female personnel now exceeds 55,000. Previous research has shown that women utilize health care services at higher rates than men, and that obstetric and gynecologic (OB/GYN) health care are among the most frequent reasons for such visits. The Secretary of the Navy has declared that pregnancy and parenthood are compatible with a naval career, and has instructed active-duty servicewomen be given priority in receiving routine OB/GYN care.

**Objective.** Satisfaction with health care has been associated with the patients' willingness to seek medical care and to comply with medical regimens. The primary objective of the present study was to assess U.S. Navy women's perceptions of the quality of OB/GYN medical care provided by the Navy. Comparisons of the level of satisfaction with OB/GYN medical care were made between enlisted Navy women of different age groups, paygrades, years of military service, marital status, ethnic groups, and education levels.

**Approach.** Between May and November 1995, health care satisfaction surveys were mailed to 42 randomly selected shore units. Surveys were completed and returned by 560 enlisted women. Satisfaction with OB/GYN medical care was assessed by adapting items from the Client Satisfaction Questionnaire and the Medical Interview Satisfaction Scale. Participation was voluntary, and no personal identification data were collected.

**Results.** U.S. Navy women who participated in this study were satisfied with both OB and GYN medical care. More than 80% reported that the Navy's OB/GYN health care program met most or almost all of their needs. Similarly, 85% of the respondents reported that the doctor or corpsman was competent or highly competent during an OB/GYN medical care appointment. The highest satisfaction scores were from personnel who had been in the Navy for 16 to 20 years, and for senior enlisted personnel (paygrade E-7 to E-9). A stepwise multiple regression analysis revealed that, for the variables age, years of service, and paygrade, age accounted for the most variability in both OB and GYN medical care satisfaction scores. Mean satisfaction scores were higher in the older age group personnel. Independent sample t-tests and ANOVA computed between categories of marital status, race, and education level showed that married women reported significantly higher satisfaction with OB and GYN medical care; however, no differences between ethnic or education groups were found.

**Conclusions.** Shore based U.S. Navy women who participated in this study were satisfied with the obstetric and gynecologic medical care they received during their appointments at Navy sick call. Specifically, the women reported that the Navy's OB/GYN health care program met their needs, medical care providers were competent, and the services were prompt and appropriate. Female personnel who were older, who had more years of military service, who were of higher rank, and who were married reported the highest levels of satisfaction with OB/GYN medical care. The higher levels of OB/GYN medical care satisfaction these Navy women reported may be due to greater organizational commitment among more experienced personnel.

## **INTRODUCTION**

Over the past 20 years the number of women serving on active-duty in the U.S. Navy has steadily increased. Currently more than 55,000 (approximately 12%) of the personnel on active duty are women; with the Navy constantly expanding career opportunities for women, it is expected that the number of female personnel will continue to increase. As the number of women on active duty increases, so will the specific demands on the Navy's health care system. Previous research has shown that the primary factor that differentiates women from men in terms of health care utilization is not the specific type of problem but the frequency of their health problems.<sup>1</sup> Health care research has consistently observed that women report more symptoms of both physical and mental illness, and that women utilize physician and hospital services at higher rates than men.<sup>2-5</sup> The consequences of women's higher morbidity is expressed in a larger number of disability days, health care facility visits, as well as more prescription and over-the-counter drug use.<sup>6-10</sup>

While the frequency and not the type of health problems is a primary factor distinguishing women from men, an obvious exception to this general finding is female-specific conditions, such as obstetric and gynecologic (OB/GYN) health care. Verbrugge<sup>1</sup> reported that for women ages 18 to 44 years, OB/GYN conditions were ranked as the third leading cause of both daily symptoms and office visits to a physician, while OB/GYN problems were the leading cause of a hospital stay. Nice and Hilton,<sup>6</sup> in a study of 20 U.S. Navy ships, found that 25 % of all female patient visits were for female-specific conditions. Recently, the Secretary of the Navy<sup>11</sup> issued an instruction stating the Department of the Navy's policy on pregnancy. This SECNAV instruction declared that pregnancy and parenthood are compatible with a naval career, and the Secretary further instructed active-duty servicewomen be given priority in receiving routine OB/GYN care in all Department of the Navy medical facilities. It is clear that the U.S. Navy intends to make patient satisfaction with OB/GYN medical care a top priority as more and more women choose a career in the Navy.

A patient's level of satisfaction with general health care services and health care providers has important implications for evaluating quality of care and identifying actions to improve service. Additionally, satisfaction with health care has been associated with the patient's willingness to seek medical care, comply with medical regimens, and to continue a relationship

with a health care organization.<sup>12,13</sup> Doyle and Ware<sup>14</sup> found that physician conduct accounted for 41% of the variance in general satisfaction ratings of provided health care. Larsen and Rootman<sup>12</sup> found that patient's satisfaction with health care services was directly related to the degree that the physician's performance met the patient's expectations.

The primary goal of the present study was to assess U.S. Navy women's perceptions of the quality of their OB/GYN health care at shore-based sick-call facilities. Sick call is usually the first facility women visit when they have a health care concern. Because an analysis of demographic variables may provide an explanation of health care satisfaction<sup>15-17</sup> and a practical profile of U.S. Navy women's satisfaction with OB/GYN health care, analyses were completed for groups of women by age, paygrade, length of military service, marital status, race, and education level.

### ***METHOD***

Data for the current study were collected as part of a larger study designed to measure U.S. Navy women's general satisfaction with the quality of health care provided at sick call. Twelve hundred and forty-three Health Care Satisfaction surveys were mailed to 42 randomly selected shore units. The number of surveys mailed to each shore unit was determined by the number of women at that station; each command was asked to distribute the survey to all of their female personnel. Small as well as large commands from a wide range of geographic locations were selected (e.g., Columbus, OH, Jacksonville, FL, San Diego, CA, and Washington, DC).

### ***Participants***

Surveys were completed and returned by 560 women enlisted personnel (45% returned). Of the women returning the survey, 378 reported that they had used Navy sick call for GYN care; of these 378 women, 181 reported that they had used Navy sick call for OB medical care sometime during their Navy career. The demographic characteristics of the participants are shown in Table 1. As Table 1 shows, participants ranged in age from 18 to 45 years, in paygrade from E-1 to E-9, and in length of military service from 1 to 20 years. Nearly 40% of the participants were single, approximately 65% were white, and approximately 60% had attended college.

Table 1

*Demographic Characteristics of Survey Participants*

<i>Characteristic</i>	<i>Mean</i>	<i>SD</i>	<i>N</i>
Age (18 to 45 yrs)	26.5	6.5	378
Paygrade (E-1 thru E-9)	4.2	1.6	378
Length of Service (1 to 20 yrs)	6.1	5.4	377
<hr/>			
	<i>%</i>		<i>N</i>
Marital Status			
Single	38.6		146
Ever Married	61.4		232
Race/Ethnicity			
African-American	20.6		78
Asian	2.4		9
Hispanic	7.1		27
White	64.8		245
Other	3.2		12
Education			
4-year College Graduate	9.5		36
Some College	51.6		195
High School Graduate	37.8		143

*Instruments*

The Health Care Survey consisted of a demographic and medical history section, the Client Satisfaction Questionnaire (CSQ), and the Medical Interview Satisfaction Scale (MISS).<sup>18</sup> The CSQ was designed to measure general satisfaction, while the MISS was designed to measure satisfaction with health care providers. In this study, satisfaction with OB health care was assessed by modifying 5 items from the CSQ and 2 items from the MISS. The same 7 items were adapted for use in assessing GYN medical care satisfaction (see Appendix A for items and response options). The items asked the participants about their satisfaction in a variety of areas, such as if they were seen promptly, if they were satisfied with the privacy at the facility, and if

they thought their provider was competent. The primary health care treatment site for most Navy personnel is "sick call," therefore, the participants were asked only about their experiences at sick call. The term "corpsman" is used within the Navy to refer to both enlisted women and men working in health care-related jobs. These corpsmen are the primary point of contact for many Navy personnel seeking health care at sick call. Therefore, items that contained the word "doctor" were modified to include the phrase "or corpsman" (i.e., "The doctor (or corpsman)...").

### ***Procedure***

A random sample of 42 commands was selected from a computer file containing all U. S. Navy shore commands where female personnel served. Between May and November 1995, each selected command received a packet of Health Care Surveys that contained a postage-paid return addressed envelope. Commands were asked to distribute a survey to each of their female personnel. As explained in a cover letter on the front of the survey, participation was completely voluntary, anonymous, and no personal identification data were collected.

### ***RESULTS***

Prior to the OB/GYN specific items, the Health Care Survey asked participants whom they prefer to be seen by at sick call. Responses to this survey item showed that nearly 73% preferred to be seen by a physician, 6% preferred a corpsman, and approximately 20% had no preference. Breaking down preference according to sex of the provider, 49% preferred to be attended by a female doctor, 16% would choose a male doctor, 3% preferred a female corpsman, 1% preferred a male corpsman, and 28% had no provider sex preference.

Table 2 shows the type of health care provider from whom survey participants received OB and GYN specific care. As Table 2 reveals, approximately 85% of the participants received OB health care from a physician, while 9% received OB health care from a corpsman; approximately 83% of the participants received GYN health care from a physician, while 9% received GYN health care from a corpsman.

Comparing the results of the responses to the preferred provider item with the actual health care provider seen at OB/GYN sick call visits, it can be seen that the majority of the survey participants were being seen by their preferred health care providers; most women were examined by a physician, and, the greater number of these physicians were female.



Table 2

*Health Care Provider for OB/GYN Sick Call Visits*

	<i>OB visit</i>		<i>GYN visit</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Female physician	125	44.6	225	45.2
Male physician	112	40.0	190	38.2
Female corpsman	19	6.8	33	6.6
Male corpsman	6	2.1	12	2.4
Other	18	6.4	38	7.6

OB and GYN health care satisfaction scale scores were computed by taking the mean of the responses across the 7 OB and GYN items. Internal consistency reliabilities (Cronbach's alphas) were .77 and .76 for the OB and GYN scales respectively. The correlation (Pearson  $r$ ) between the OB and the GYN scales was .93 ( $p < .01$ ,  $n = 181$ ).

The results showed that women who participated in this study were satisfied with both OB and GYN health care. The scale score for OB satisfaction (mean of 7 items) had a possible range of from 1 to 4.85. The mean OB satisfaction scale score for the 181 women who had been to sick call for OB health care was 3.76. The scale score for GYN satisfaction (mean of 7 items) also had a possible range of from 1 to 4.85. The mean GYN satisfaction scale score for the 378 women who had been to sick call for GYN health care was 3.70.

The results of responses to specific OB and GYN satisfaction items, presented in Appendix A, show that 82% of the women reported that the Navy's OB/GYN health care program met most or almost all of their needs while only 3% indicated that none of their needs had been met. Similarly, 85% of the respondents reported the doctor or corpsman was competent or highly competent during a sick call visit for OB/GYN health care, while only 4% of the respondents indicated the doctor or corpsman demonstrated poor ability. More than 70% of the women disagreed with the statement, "...I felt embarrassed while talking with the doctor (or corpsman), while only about 10% of the respondents agreed. Examination of the responses to the other OB and GYN satisfaction items showed that a majority of the women felt free to talk to the doctor about private matters, were satisfied with the privacy at the facility, felt the services were appropriate, and were seen promptly by the doctor.

Table 3 presents mean OB and GYN health care satisfaction scale scores for subcategories of the following variables; age, paygrade, years of military service, marital status, ethnicity, and level of education. An examination of Table 3 shows OB and GYN health care satisfaction scale scores were high for each of the variables examined. The highest satisfaction scores were for personnel who had been in the Navy for 16 to 20 years, and for senior enlisted personnel (paygrades E-7 to E-9).

Table 3  
*Means and Standard Deviations for OB and GYN Health Care Satisfaction Scale Scores*

	<i>OB Satisfaction</i>			<i>GYN Satisfaction</i>		
	<i>X</i>	<i>SD</i>	<i>N</i>	<i>X</i>	<i>SD</i>	<i>N</i>
Age						
18-22	3.58	0.8	76	3.47	0.8	130
23-29	3.78	0.7	55	3.71	0.7	114
30-45	4.00	0.7	50	3.89	0.7	116
Paygrade						
E1-E3	3.56	0.9	72	3.50	0.9	129
E4-E6	3.85	0.6	97	3.77	0.7	199
E7-E9	4.15	0.9	12	3.87	0.7	32
Years of Service						
1-5	3.69	0.8	115	3.58	0.8	207
6-10	3.62	0.6	33	3.70	0.6	75
11-15	4.04	0.5	20	3.83	0.7	40
16-20	4.42	0.4	12	4.08	0.6	37
Marital Status						
Single	3.54	0.8	63	3.53	0.8	136
Married	3.88	0.7	118	3.77	0.7	224
Ethnicity						
African-American	3.61	0.8	39	3.69	0.8	73
Asian	3.78	0.7	5	3.41	0.6	8
Hispanic	3.58	0.8	15	3.68	0.8	27
White	3.83	0.8	111	3.70	0.8	233
Other	3.69	1.0	6	3.52	0.9	12
Education						
College Graduate	3.95	0.6	12	3.73	0.6	35
Some College	3.70	0.8	86	3.67	0.8	188
High School Graduate	3.79	0.8	80	3.69	0.8	133

In military populations, age, paygrade, and years of military service are intercorrelated. In this study the results of correlation analyses showed the following relationships: age and years of military service,  $r = .89$ ,  $p < .01$ ,  $n = 359$ ; age and paygrade,  $r = .83$ ,  $p < .01$ ,  $n = 359$ ; and years of military service and paygrade,  $r = .88$ ,  $p < .01$ ,  $n = 359$ . Because it would be redundant to separately examine the contribution of each of these variables, a stepwise multiple regression analysis was computed to determine which of the three measures accounted for the most variability in OB and GYN health care satisfaction scores. Table 4 presents the primary validity of age, years of service, and paygrade; the results show that age accounted for a significant amount of variability for both OB and GYN health care satisfaction scores. The mean OB satisfaction scores and the mean GYN satisfaction scores were significantly higher in the older age groups (see Table 3). After the effects of age are accounted for, no significant additional variation is predicted by years of service or paygrade.

Table 4  
*Stepwise Multiple Regression Using Age, Years of Military Service,  
and Paygrade to Explain Satisfaction With OB and GYN Health Care*

<i>Sample</i>	<i>Variable</i>	<i>r</i>	<i>Mul. R</i>	<i>R<sup>2</sup></i>	<i>R<sup>2</sup>Ch.</i>	<i>F</i>
OB Mean Score						
	Age	.27	.27	.07	.07	14.23*
	Years of Service	.26	-	-	-	.35
	Paygrade	.26	-	-	-	.98
GYN Mean Score						
	Age	.25	.25	.06	.06	22.99*
	Years of Service	.22	-	-	-	.04
	Paygrade	.21	-	-	-	.00

\* $p < .001$

Independent sample t-tests computed between the single and ever-married groups showed that ever-married women were significantly more satisfied for both OB health care,  $t(179) = 2.85$ ,  $p = .005$ , and GYN health care,  $t(358) = 2.93$ ,  $p = .004$ . However, because age accounted for most of the variability in OB and GYN satisfaction, a reasonable inference may be that the observed difference in OB and GYN health care satisfaction between single and ever-married women is due to age differences between these marital categories. Support for this inference was found by computing a post hoc comparison of the mean ages of the single ( $M = 23.8$ ) and the ever married ( $M = 28.1$ ) women; this age difference was statistically significant,  $t(376) = 6.46$ ,  $p = .001$ ). The result of this post hoc analysis suggests that the difference in OB/GYN satisfaction between marital status groups was confounded by age. Confirmation of the age effect was provided by independent sample t-tests within each of the three age categories (18-22, 23-29, 30-45) which showed no significant differences between single and ever-married participants for either OB or GYN health care satisfaction.

Finally, analysis of variance showed no statistically significant difference between categories of ethnicity for either OB or GYN health care satisfaction. Similarly, there were no significant differences in satisfaction by level of education.

## ***DISCUSSION***

A Health Care Survey was administered to U.S. Navy women stationed at 42 randomly selected shore facilities to assess their satisfaction with the quality of OB and GYN health care provided at sick call. The results showed that the majority of the survey participants were satisfied with OB health care and with GYN health care. Specifically, the women in this study indicated that their OB and GYN health care was prompt, competent, appropriate, and that the provided health care met most or almost all of their needs. However, the older women and women who were married were more satisfied with their OB/GYN health care than were younger women and women who were not married.

The results in this study are consistent with a 1995 Department of Defense (DoD) survey<sup>15</sup> of active-duty military personnel, which also found that a majority of women in the Navy, as

well as women in other branches of the military, were satisfied with the OB/GYN health care services they received. Also, similar to the present study, the DoD survey found that older women, women of higher rank, and married women were more satisfied with OB and GYN health care than younger, lower rank, and unmarried women.

The majority of the women in this study may have been satisfied with OB and GYN health care because of the relative congruence between their expressed preferred health care provider and the health care provider who attended to them during their appointment. Most women in this study were treated by a female physician during OB/GYN visits. Past health care satisfaction research has documented the importance of the patient's expectations specific to physician conduct and performance.<sup>12-14</sup> Burr and Merrill,<sup>17</sup> in a study comparing the health care satisfaction of Navy women stationed on ships versus shore facilities, concluded that the lower level of satisfaction among shipboard women may have been partly due to the limited health care provider options available on U.S. Navy ships. Evidence for this conclusion came from the observation that women on shore were more likely than women on ship to be seen by their preferred health care provider (female physician).

The observed difference in OB/GYN health care satisfaction between single and ever-married women is difficult to explain. Previous research results have been mixed; some studies have found no difference in health care satisfaction between single and married women,<sup>16</sup> while other studies have found that married women were more satisfied than single women.<sup>15,17</sup> In this study, because age accounted for the majority of the variability in OB and GYN satisfaction, it was inferred that the observed difference between marital groups was due to the statistically significant age difference between these marital categories. Post hoc analyses supported the conjecture that the difference in OB/GYN health care satisfaction between marital status groups was confounded by age.

Although age was the primary factor that differentiated between level of OB and GYN health care satisfaction, years of military experience, which is inextricably linked to age, must also be considered an important variable. Generally, it seems reasonable to assume that personnel who are not satisfied with the Navy's health care are less likely to reenlist; conversely, Navy personnel who are satisfied with their health care are more likely to reenlist. Nice et al.<sup>16</sup>, in a study of patient satisfaction at two Navy outpatient clinics, postulated that differences in military

experience may affect patient's willingness to express dissatisfaction. Personnel with the least military experience may feel less commitment to the organization, and, therefore be more willing to criticize health care services. Personnel with more years in the military may have a higher level of organizational commitment, and, therefore, be less willing to criticize health care services. This explanation is consistent with the findings in this study that personnel in the highest ranks and who had been in the Navy for the most years responded with the highest levels of satisfaction.

In summary, shore-based U.S. Navy women who participated in this study were satisfied with the OB/GYN health care they received during their appointments at Navy sick call. Specifically, the women reported that the Navy's OB/GYN health care program met most of their needs, the health care provider was competent, and the services were prompt and appropriate. Female personnel who were older, had more years of military service, who were of higher rank, and who were married showed the highest levels of OB/GYN health care satisfaction.

## REFERENCES

1. Verbrugge L: From sneezes to adieux: Stages of health for American men and women, *Soc Sci Med* 1986; 22: 1195-1212.
2. Verbrugge L, Wingard D: Sex differentials in health and mortality, *Women Health* 1987; 12: 103-145.
3. Phillips D: The "true prevalence" of mental illness in a New England state, *Comm Ment Hlth J* 1966; 2: 35.
4. Nathanson CA. Sex, illness, and health care: A review of data, theory, and method. *Soc Sci Med* 1977; 11: 13.
5. Nathanson CA. Illness and the feminine role: A theoretical review. *Soc Sci Med* 1975; 9: 57.
6. Nice DS, Hilton S: Sex differences and occupational influences on health care utilization aboard U.S. Navy ships. *Military Psychology* 1994; 6: 109-123.
7. Hing E, Kovar M, Rice D: Sex differences in health and use of health care, *Vit Health Stat* 1983; 3:DHHS No. 83-1408. Hyattsville, MD: National Center for Health Statistics.
8. Verbrugge L: Gender and health: An update on hypotheses and evidence, *J Health Social Behav* 1985; 26: 156-182.
9. Verbrugge L: The twain meet: empirical explanations of sex differences in health and mortality, *J Health Social Behav* 1989; 30: 282-304.
10. Waldron I: An analysis of causes of sex differences in mortality and morbidity, In W.R. Gove and G.R. Carpenter, eds. *The Fundamental Connection Between Nature and Nurture*, Lexington, MA:Lexington Books, 1982.
11. Secretary of the Navy: Department of the Navy (DoN) Policy on Pregnancy (SECNAVINST 1000.10). Washington DC, Department of the Navy, Office of the Secretary of the Navy, 1995.
12. Larsen DE, Rootman I: Physician role performance and patient satisfaction, *Soc Sci Med* 1976; 10: 29-32.
13. Carey CG, Posavac EJ: Using patient information to identify areas for service improvement, *Health Care Manage Rev* 1982; 7: 43-48.

14. Doyle BJ, Ware JE: Physician conduct and other factors that affect consumer satisfaction with health care, *J Med Educ* 1977; 2: 793-801.
15. U.S. Department of Defense. Survey of health-related behaviors among military personnel. Research Triangle Institute, 1995.
16. Nice DS, Butler MC, Dutton L: Patient satisfaction in adjacent family practice and non-family practice Navy outpatient clinics. *J Family Practice* 1983; 17: 463-466.
17. Burr RG, Merrill LL, & Emens-Hesslink, K. (Aug, 1996). Satisfaction with health care at sick call: Women aboard ships compared with women at shore stations. The American Psychological Association Convention, Toronto, Ontario, Canada.
18. Wilkin D, Hallam L, Dogget M, eds: Measures of Need and Outcome for Primary Health Care. Measures of patient satisfaction. New York, NY: Oxford University Press, 1992.



## Appendix A

### *Survey Items Assessing OB and GYN Medical Care Satisfaction*

Item	Option	OB		GYN	
		N	%	N	%
While receiving OB/GYN care, to what extent has the Navy's health care program met your needs?					
None of my needs have been met		5	2.8	7	1.9
Only a few of my needs have been met		28	15.6	54	14.9
Most of my needs have been met		71	39.4	149	41.2
Almost all of my needs have been met		76	42.2	152	42.0
While receiving OB/GYN care, how competent and knowledgeable was the doctor (or corpsman)?					
Poor abilities at best		7	3.9	9	2.5
Only of average ability		20	11.2	49	13.5
Competent and knowledgeable		88	49.2	161	44.5
Highly competent and knowledgeable		64	35.8	143	39.5
While receiving OB/GYN care, I felt embarrassed while talking with the doctor (or corpsman).					
Very strongly agree	1	8	4.5	22	6.2
	2	7	3.9	19	5.4
	3	7	3.9	28	7.9
	4	16	8.9	30	8.5
	5	11	6.1	26	7.3
	6	29	16.2	61	17.2
Very strongly disagree	7	101	56.4	169	47.6
While receiving OB/GYN care, I felt free to talk with the doctor (or corpsman) about private matters.					
Very strongly agree	1	86	47.8	143	40.7
	2	30	16.7	59	16.8
	3	8	4.4	25	7.1
	4	21	11.7	39	11.1
	5	6	3.3	18	5.1
	6	13	7.2	32	9.1
Very strongly disagree	7	16	8.9	35	10.0

## Appendix A (continued)

### *Survey Items Assessing OB and GYN Medical Care Satisfaction*

Item	Option	OB		GYN	
		N	%	N	%
While receiving OB/GYN care, how satisfied were you with the privacy you had at the facility?					
Quite dissatisfied		17	9.4	36	10.0
Indifferent or mildly dissatisfied		17	9.4	50	13.9
Mostly satisfied		80	44.2	143	39.7
Very satisfied		67	37.0	131	36.4
Considering your particular needs, how appropriate are the OB/GYN services you have received?					
Highly inappropriate		17	9.4	29	8.1
Generally inappropriate		21	11.7	34	9.4
Generally appropriate		86	47.8	177	49.2
Highly appropriate		56	31.1	120	33.3
While receiving OB/GYN care, were you seen as promptly as you felt necessary?					
No, it seemed to take forever		20	10.9	42	11.7
No, there was some delay		57	31.0	99	27.7
Yes, promptly		71	38.6	133	37.2
Yes, very promptly		36	19.6	84	23.5

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13. ABSTRACT (Maximum 200 words)  There are more than 55,000 women on active duty in the U.S. Navy. Previous research has shown that women utilize health care services at higher rates than men, and that obstetric and gynecologic (OB/GYN) health care are among the most frequent reasons for such visits. The present study assessed U.S. Navy women's perceptions of the quality of OB/GYN medical care provided by the Navy. Health care satisfaction surveys were mailed to 42 randomly selected shore units and were returned by 560 enlisted women. U.S. Navy women who participated in this study were satisfied with both OB and GYN medical care. More than 80% reported that the Navy's OB/GYN health care program met most or almost all of their needs. Female personnel who were older, who had more years of military service, who were of higher rank, and who were married reported the highest levels of satisfaction with OB/GYN medical care. The higher levels of OB/GYN medical care satisfaction these Navy women reported may be due to greater organizational commitment among more experienced personnel.				
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